



**PATENT APPLICATION**

**RESPONSE UNDER 37 CFR §1.116  
EXPEDITED PROCEDURE  
TECHNOLOGY CENTER ART UNIT 2833**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Sho MIYAZAKI

Group Art Unit: 2833

Application No.: 10/716,516

Examiner: R. N. Gushi

Filed: November 20, 2003

Docket No.: 117813

For: CONNECTOR HAVING SHIELDING SHELL

**AMENDMENT AFTER FINAL REJECTION UNDER 37 CFR §1.116**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In reply to the November 15, 2004 Office Action, the period for response having been extended by the attached Petition for Extension of Time, please consider the following:

**Amendments to the Claims** as reflected in the listing of claims; and

**Remarks.**

03/16/2005 CCHAU1 00000057 10716516

01 FC:1251 120.00 OP

03/16/2005 CCHAU1 00000057 10716516

02 FC:1201 600.00 OP



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PATENT APPLICATION

Attorney Docket No.: 117813

CUSTOMER NUMBER 25944

AMENDMENT TRANSMITTAL

In re the Application of

Sho MIYAZAKI

Group Art Unit: 2833

Application No.: 10/716,516

Examiner: R. N. Gushi

Filed: November 20, 2003

For: CONNECTOR HAVING SHIELDING SHELL

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Entitlement to small entity status is hereby asserted.  
☐ Small entity status of this application has been established.

Any additional claim fees have been calculated as shown below:

(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	RATE	ADD'L FEE		RATE	ADD'L FEE
TOTAL CLAIMS	*16 MINUS	**21	x 25	\$		x 50	\$
INDEP CLAIMS	*8 MINUS	***5	x 100	\$		x 200	\$ 600
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ 180	\$	OR	+ 360	\$
				\$			\$ 600

\* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ Check No. 164659 in the amount of \$600 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

*J. Adam Neff*

James A. Oliff  
Registration No. 27,075

J. Adam Neff  
Registration No. 41,218

JAO:JMH/tbh

Date: March 15, 2005